

United States District Court
1 Courthouse Way
Boston, Massachusetts 02210

Case # _____
Judge _____

Complaint:

Plaintiff:

Donald Hammond
3 Walsh Road
Holbrook, MA 02343
781-300-1822
superdad1113@verizon.net
Pro Se Litigant

FILED
IN CLERKS OFFICE
2018 JUN 25 PM 4:50
U.S. DISTRICT COURT
DISTRICT OF MASS.

V.

Defendant:

The Trustees of the Disability Benefit Plan
The Procter & Gamble Company
6300 Center Hill Avenue Box 112
Cincinnati, Ohio 45224

Mr. Donald H. Hammond
3 Walsh Rd
Holbrook, MA 02343-1644

PRO SE

781-300-1822

Donald Hammond

PG 1 OF 13

Jurisdiction: This United States District Court in Boston Massachusetts was chosen as I worked for the Gillette Company South Boston Manufacturing Headquarters when it was acquisitioned by The Procter & Gamble Company on October 1,2005

Complaint:

1. Failure to comply and follow the ERISA requirements in handling an employees claim for benefits.
2. I was forced into early retirement by the Procter & Gamble Co.
3. The Trustees of the Procter & Gamble Disability Benefit Plan wrongfully denied my disability benefits appeal.
4. Relief of at least \$ 418,018.00

Mr. Donald H. Hammond
3 Walsh Rd
Holbrook, MA 02343-1644

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Cause of Action

1.

In my opinion it is a fact that The Procter & Gamble Trustees of the Disability Plan did not follow the law pursuant to the Employee Retirement Income Act, (ERISA) The specific elements to prove a failure to follow the ERISA requirements in handling a claim for benefits are taken from the corporate appeal denial of benefits letter sent to me on August 15,2017.

(A) There were no instructions in the denial of benefits letter on how to request additional information or who to contact.

(B) There were no steps provided in the denial notice of how to obtain documents.

(C) There was no description of the ERISA appeal process. I should have received information regarding the claims procedure to file an appeal such as where to file, what to file , or who to ask questions.

(D) I was not informed of my rights to seek Judicial review of the Trustees adverse decision.

(E) Other information that was not disclosed in this life changing matter were the Summary Plan Description (SPD) and the Summary of Benefits and Coverage (SBC)

(F) I had no overview of my benefits or coverage that were referred to in the letter many times - " see the"

(G) I had no way of knowing how to file a civil action under ERISA 502(a) claim for benefits. This has been an unfair act by my employer to terminate my disability benefits. The regulations of ERISA require the company to provide a procedure so I have a reasonable opportunity to appeal an adverse benefit determination. My disabling condition precede the loss of my job and the financial and emotional hardship of having my long term disability terminated has not been fair or in good faith for a dedicated employee of 38 years.

2.

After the termination of my Disability Benefit the company placed me on an unpaid "Leave of Absence" while the determination was under appeal by the "Committee". I was forced to retire due to "financial hardship". I was unpaid for over 150 days without the company reasonably accommodating a permanent solution my medical restrictions of standing and walking for less than 12 hours per shift. Due to my eligibility to retire that was the only option given to me to receive income to support my family. My retirement was involuntary and was expressed that way to Procter & Gamble management, the medical department, and the retiree escalation team.

3.

In the denial letter for long term disability benefits that was written on August 15, 2017 it is not medically sufficient to deny my disability benefits. This has been an unfair act by my employer to terminate my disability benefits. My disabling condition precede the loss of my job and the financial and emotional hardship of having my long term disability terminated has not been fair or in good faith for a dedicated employee of 38 years. It is stated "The Committee has determined that you are not eligible to receive benefits from the Plan as totally disabled." And "The Committee has determined that you were not "totally disabled", but were rather "partially disabled" as defined by the Plan as of June 9, 2017." These results are based solely on opinion and not medical facts. They are not qualified to make such judgement of my medical condition. I understand the Committee has the authority to decide benefit appeals and the discretionary authority interpret and apply the provisions of the Plan with respect to making such appeal decisions. I feel the Committee acted in bad faith of our contract and used wrongful conduct in terminating my long term disability claim. I had not been seen, evaluated, or examined by their physicians and

they have no report of my Functional Capacity Evaluation (FCE) in their administrative file. The assessment of my claim had no basis of my functionality to determine if I were unable to work. There was also no vocational analysis for my job. I did not have fair consideration of my treating doctor's restrictions and limitations. I also believe that there was no consideration for working 12 hour shifts, repetitive stress, or the metal splinter found in my foot. On a continuous basis the requirements of my normal work setting exceeds my allowable limitations. I can no longer maintain the pace or duration needed to complete the tasks of my daily work. I feel the objective medical evidence of my treating physicians findings were ignored by the Committee. My impairment precludes me from performing my occupation in any capacity on a full time basis. The Committee's termination of my disability benefits has not been the result of a full and fair review. This was an improper evaluation concerning my long term disability claim decision. There are significant amounts of medical records that are on file to support my treatments and restrictive disabling conditions. The medical records report my range of motion, walking, and standing limitations. In the objective medical evidence my restrictions and limitations are clearly stated and very consistent from my treating medical

providers. The Committee also had an independent review of my claim documents by a Board Certified Podiatrist that concluded, "restrictions of walking 2 hours and standing 2 hours consecutively up to 6 hours in an 8 hour day." This is another fact which proves I was not physically capable of performing the tasks and duties of my occupation. As a technician at Procter & Gamble for 38 years I have been required to work twelve hour shifts continuously walking and standing on hard surfaces with steel toed safety shoes each and every day. This medical condition has been severe for many years and my long term disability benefits should be reinstated. There has been no change or improvement in my condition and the mental and physical demands of my occupation are extremely difficult to perform. I have been struggling to complete my occupational duties with profound overbearing pain. My ongoing symptoms, restrictions, and limitations have precluded my ability to effectively and efficiently perform the material and substantial duties of my job. There is factual medical evidence that demonstrate how and why I am totally disabled and entitled to long term disability benefits under the Procter and Gamble Disability Plan. The "Major Life Activities" that include functions such as "walking" and "performing manual task" are "substantially limited" for me. I am an individual that can

not perform these "Major Life Activities" that are "significantly restricted" as the duration of my ability to walk and to stand can not compare to the average person in the general population. There is significant medical evidence from all of my treating providers that prove this fact. I know that myself and the doctors are doing and have done everything possible to safely return me to work. I am still being treated by my physician for the same condition and I am still in severe pain. The Committee knew all along that my condition was deteriorating and not improving over time. Due to the fact that there has been no improvement or change in my medical restrictions I should be receiving the long term disability benefits I am entitled to as a participant from the Procter & Gamble Disability Plan. There may be a misunderstanding between me the employee and my employer as the employer states "Partial Disability" ending after 52 weeks on June 9, 2017 but, the fact is I was on "Total Disability" from January 17, 2017 till June 9, 2017 with Objective Medical Evidence. My medical restrictions or condition have not improved or changed. There is factual medical and vocational evidence that demonstrate how and why I am entitled to benefits under the Plan. My employment and disability was pre planned to end in March of 2017 by the company.

Statement of Facts

1a. I am an employee with recognized longstanding service for the Gillette Company which is now known as Procter & Gamble. I am enrolled in the Procter & Gamble Disability Plan.

My employee I.D.# is 102566

2a. I was placed on "Partial Disability" by the "company" on June 13,2016

3a. I was placed on "Long Term Disability" on January 17, 2017

4a. My Long Term Disability Benefits were to be terminated on June 9,2017

5a. I appealed the Trustees of the Disability Benefit Plan

6a. The Trustees of the Procter & Gamble Disability Plan wrongfully denied long term disability benefits.

7a. Additional proof of the fact there is objective medical evidence.

Evidence to Facts

1a. I began working for the 'company' on April 23, 1979. I am a production mechanic and have been working 12 hour shifts with alternating 3days / 4days per week for over 25 years. I am required to walk and stand most of the shift and wear steel toed safety shoes. I have always been enrolled in the Procter & Gamble Disability Plan. I had foot issues beginning on May 3, 2012 after an x-ray I was diagnosed with Plantar Fasciitis also known as a Heel Spur. I received a shot, physical therapy, and exercises. I later became disabled due to multiple medical issues in my foot. (Attachment A)

2a. I was informed by the 'company' on June 8, 2016 that they could no longer "accommodate" my disabling medical restrictions for walking and standing. I then had to apply for and be medically approved for Partial Disability from the "Procter & Gamble Disability Plan" which I paid monthly

insurance premiums for in my employee benefits package for many years.

The "Short Term Benefit" paid 66% of my base pay (non taxable)

(Attachment B)

3a. When I was placed on "Long term Disability" as of January 17,2017 it was very confusing. I no longer received 66% of my base wages biweekly. I was informed this would change to a monthly benefit at 50% of my base pay. I had only been on Short Term Disability for 26 weeks when I inquired about the timing of the change I was told that I had "optional disability" so I would be eligible to collect that also. I was worried about losing my job!

(Attachment C)

4a. I was informed by a letter dated March 22, 2017 that, "Under Article VII, Section 3, Partial Disability payments to any one Participant shall not be made for more than 52 weeks during his or her total period of participation in this plan. Our records indicate that effective June 9,2017, the maximum lifetime total of 52 weeks of Partial Disability benefits paid to you will be exhausted and disability benefits will be terminated." I have always followed all the rules of the "Plan" that I was informed of and I

thought I was on Long Term Disability. I did not understand how my Long Term Benefit switched back to the Partial Disability Plan. Something was not factual. I sent a letter of my intent to appeal the Trustees of the Disability Plan.

(Attachment D)

5a. My letter of intent to appeal the Committee became my letter of appeal dated June 7,2017.

(Attachment E)

6a. There is objective medical evidence that qualifies me for benefits under the Plan as being considered totally disabled from performing my occupation.

(Attachment F)

7a. In an email from the Disability Nurse Case Manager at Genex dated February 8,2017 it is expressed that there is Objective Medical but the company ignored that claim and wrongfully denied benefits.

(Attachment G)

Prayer for Relief

Alleged on information or belief I can prove upon discovery are my request for relief.

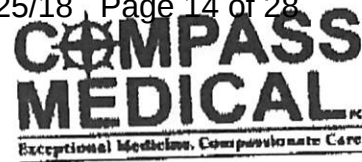
- A) Lost medical insurance
- B) Emotional pain and mental anguish
- C) Reinstate medical and disability or
lump sum to cover till legal retirement age of 65
\$ 418,018.00

That is the calculated amount from June 9, 2017 thru April 26, 2025

- D) Other appropriate relief pursuant to law

Compass Medical Holbrook
175 N. Franklin Street
Holbrook, MA 02343

(ATTACHMENT A)



May 3, 2012

Donald H Hammond

PRO SE

~~15 Elm Ave~~ 3 WALSH RD.

Holbrook, MA 02343

781 300 1822

Clinical Visit Summary for Donald H Hammond

On 05/03/2012 you saw Michael W Tremblay DO for right heel pain.

Your Most Recent Vitals:

Weight: 202 Height: 69 BMI: 29.94 BP: 122 / 84

Heart Rate: 101 Temp: 98.1 O2 Sat: 96

Your Active Health Conditions:

PLANTAR FASCIITIS (ICD-728.71)

HEEL SPUR (ICD-726.73)

HEEL PAIN (ICD-729.5)

COPD; MILD (ICD-496)

COUGH (ICD-786.2)

ALLERGIC RHINITIS (ICD-477.9)

HEALTH MAINTENANCE EXAM (ICD-V70.0)

HYPERLIPIDEMIA; OTHER UNSPECIFIED (ICD-272.4)

CIGARETTE SMOKER (ICD-305.1)

Your Current Medications:

LOVASTATIN 20 MG TABS - *take 1 tab by mouth once daily for cholesterol (Mevacor)

Your Allergies:

No Known Allergies.

These are the items we addressed during your visit:

PLANTAR FASCIITIS (ICD-728.71)

HEEL SPUR (ICD-726.73)

HEEL PAIN (ICD-729.5) --- Deteriorated

Comments: after verbal informed consent, the right heel was sterily prepped and injected with kenalog 40 mg mixed with 2cc of 1% lidocaine without complication. care instructions were given and exercises were taught.

Please don't forget these already scheduled appointments:

05/10/2012 8:00 AM-FOLLOWUP-20-HOLBROOK OFFICE-Gupta MD Shuchi

05/03/2012 3:40 PM-SICK VISIT-20-HOLBROOK OFFICE-Tremblay DO Mike W

Please schedule a follow up for today's issues:

Mr. Donald H. Hammond
3 Walsh Rd
Holbrook, MA 02343-1644

PRO SE

781-300-1822

Donald Hammond

Cook, Elizabeth

From: Stuart, Roberta
Sent: Wednesday, June 22, 2016 4:04 PM
To: 'Brenner, Jennifer'
Subject: RE: RTW/Hammond, Donald/102566/Gillette Boston

Importance: High

Okay, thanks!

Roberta Stuart RN
Disability Nurse Case Manager / Midwest UM
Genex Services
O 513-346-7880 x 7633
TF 800-447-6250 x 7633
F 888-735-2646

From: Brenner, Jennifer [mailto:brenner.jt@pg.com]
Sent: Wednesday, June 22, 2016 3:39 PM
To: Stuart, Roberta
Subject: RE: RTW/Hammond, Donald/102566/Gillette Boston

As of 6/13/16 the site can no longer accommodate his restrictions – he is being put on partial effective 6/13/16. Next follow up 8/17/16.
Thank you.

From: Stuart, Roberta [mailto:Roberta.Stuart@genexservices.com]
Sent: Monday, May 23, 2016 3:43 PM
To: Brenner, Jennifer
Cc: Haugen, Richard; Parent, Joseph; GILMEDBOSDB, Ion
Subject: RTW/Hammond, Donald/102566/Gillette Boston
Importance: High

Roberta Stuart RN
Disability Nurse Case Manager / Midwest UM
Genex Services
O 513-346-7880 x 7633
TF 800-447-6250 x 7633
F 888-735-2646

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(ATTACHMENT C)

Pg 1 of 1

Cook, Elizabeth

From: brenner.jt@pg.com
Sent: Friday, January 06, 2017 2:20 PM
To: ProcterGamble; courtney.jl@pg.com; gilmedbosdb.im@pg.com; crawford.sa@pg.com; gleason.e@pg.com; brenner.jt@pg.com; menon.am@pg.com
Subject: DB Case - HAMMOND, DONALD #0000102566 Site: GILL-BOSTON
Importance: High

This is to notify you that DONALD HAMMOND will begin long-term disability effective 01/17/2017, if they remain out for DB. The employee has been notified by the DB Claims Office of disability benefit rate changes.

Note to Manager: Please request Employee Data Administrator in your department to contact the ESC for completion of MOI form to change employee's status.

JENNIFER BRENNER

Disability Claims Team
(513) 634-3880

Mr. Donald H. Hammond
3 Walsh Rd
Holbrook, MA 02343-1644

PRO SE

781-300-1822

Donald Hammond

THE PROCTER & GAMBLE
DISABILITY BENEFIT PLAN

March 22, 2017

Donald Hammond
3 Walsh Road
Holbrook, MA 02343

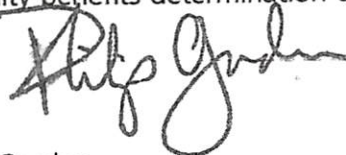
Dear Mr. Hammond:

The Trustees of the Procter & Gamble Disability Benefit Plan (Plan) notified you that you would receive payments under the Disability Benefit Plan as a partially disabled Participant beginning June 13, 2016.

Under Article VII, Section 3, Partial Disability payments to any one Participant shall not be made for more than 52 weeks during his or her total period of participation in this Plan. Our records indicate that effective **June 9, 2017**, the maximum lifetime total of 52 weeks of Partial Disability benefits paid to you will be exhausted and disability benefits will be terminated. Also, unless you are placed on an approved leave of absence by your employer and begin paying monthly premiums to the Plan as specified under Article IV, Section 4, your participation in the Plan will also be terminated on that date.

The Trustees would like to take this opportunity to inform you that you have the right to appeal the Trustees' decision and to supply any additional information that may support your position. Pursuant to the Employee Retirement Income Security Act (ERISA), if you decide to appeal, you or your authorized representative must formally appeal in writing within 180 days from the receipt of this letter. As part of the appeal, all pertinent documents related to the claim may be reviewed. Additionally, written comments in support of the claim may be submitted for consideration. The Trustees will provide a written answer concerning their decision if an appeal is received. Written appeals should be addressed to: The Trustees of The Disability Benefit Plan and forwarded to: The Procter & Gamble Company, 6300 Center Hill Avenue, Box 112, Cincinnati, Ohio 45224.

If you are not satisfied with the result of your claim, you have a right to bring a civil action under ERISA § 502(a). Upon request, and at no charge, you may obtain reasonable access to, and copies of all documents, records, and information relevant to your claim for benefits. If you wish to pursue your claim for disability benefits in court, or any other forum, you must do so before the Plan's Applicable Limitations Period ends. Pursuant to Section 6 of Article VIII, of the Plan, the Plan's Applicable Limitations Period end on the second anniversary of the Limitations Start Date (as defined by the Plan). In this case, the Applicable Limitations Period will end on June 27, 2018, which is the second anniversary of the date the Plan notified you of your partial disability benefits determination date of June 13, 2016.



Philip Gordon
Chairperson – Board of Trustees
The Procter & Gamble Disability Benefit Plan

Mr. Donald H. Hammond
3 Walsh Rd
Holbrook, MA 02343-1644

PRO SE
781-300-1822



(ATTACHMENT E)

PROCTER & GAMBLE DISABILITY BENEFITS
6300 Center Hill Road, Box 112, Cincinnati, OH 45224

June 7, 2017

Donald Hammond
3 Walsh Road
Holbrook, MA 02343

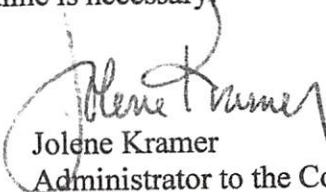
Dear Mr. Hammond:

The Plan received your letter on May 30, 2017, indicating your intent to appeal the Corporate Review Board's notification of your partial disability ending on June 9, 2017.

Your letter of appeal did not include medical information, however you indicated in a voicemail to Jennifer Brenner that the medical information in support of your appeal will be sent separately. The Committee will not begin their review of your claim until you 1) submit medical information to support your appeal, or 2) indicate in writing that you do not wish to provide medical documentation. If you do not submit all supporting documentation at once, please indicate that in your submission and the Plan will not begin its review until you confirm you have sent all documentation.

Please note that the 180-day period for you to appeal will expire on September 29, 2017. If you do not submit any medical information by September 29, 2017, the Committee will begin the appeal process and review the information we have on file.

Under ERISA, the federal law that governs employee benefit plans, the Committee is required to review and decide your appeal in accordance with the terms and conditions of the Plan. Upon receipt of your appeal, the Committee will carefully consider all of the information provided and will review your claim under the applicable Plan terms. As explained in the letter from the Corporate Review Board dated February 23, 2017, the Committee may extend the time to respond to your appeal (up to 45 days) if the Committee determines that additional time is necessary.


Jolene Kramer
Administrator to the Committee
Procter & Gamble Disability Benefits

Mr. Donald H. Hammond
3 Walsh Rd
Holbrook, MA 02343-1644

PRO SE

781-300-1822



Hammond, Donald

Initial Assessment Activity Note Documentation:

NCM identified self and disclosed ROLE & RESPONSIBILITIES

- NCM works closely with P&G Disability Benefits Plan Claims Administrator throughout the disability period.
- Evaluates medical documentation and provides medical interpretation as it relates to plan disability description.

MEDICAL ASSESSMENT:

- Condition preventing employee from working: Right foot pain
- Work relatedness: N/A
- Occupation: Technician
- First date of absence: 09/20/15
- First Date of Treatment/Initial Dr. appointment: 09/16/15
- Most recent office visit: 9/30/2015
- Treatment rendered/planned: "Injection" to right foot-09/16/15. Foot Splint. Physical Therapy twice weekly at Gillette Medical.
- Hospitalization dates if applicable and name of hospital: N/A
- Surgery date if applicable: N/A
- Next office visit date/Post op appt date: 10/28/15
- Treating Provider name/Phone #: Timothy Curran, DPM 781-982-3118.
 - P&G EAP/Work Life Services phone number info given: 866/309-8545.
- Additional medical providers: N/A
- Medical history/co-morbidities: High Cholesterol.
- Anticipated time off work per physician: Currently working six hour shifts since 09/20/15.
- ADL issues/concerns: Denies.
- Safety issues/concerns: Denies.
- Psychosocial issues/concerns: Denies.
- Socioeconomic Factors impacting recovery: Denies.
- Discussion of WorkLife Solutions/response: Employee aware of benefit information.

PHONE NUMBER THAT YOU PREFER WE CONTACT YOU: Cell

Home: 7817672265 Cell: 7813001822

EMPLOYEE HOME EMAIL ADDRESS: superdad1113@verizon.net

EMPLOYEE QUESTIONS ADDRESSED Reviewed DB Guidelines

NCM CONTACT INFORMATION PROVIDED Yes

- *Although GENEX will make multiple attempts to obtain your complete medical information, it is ultimately your responsibility to ensure that your medical provider submits the information to GENEX for review.*
- If NCM has difficulty obtaining medical, employee will be notified.
- Documentation must be received within 30 days from the date the claim was submitted which would be [date].
- The P&G Disability Plan requires monthly medical updates every month until RTW.
- Medical providers may request payment for records – if this is the case, the employee is responsible for payment.
- Upon receipt of medical documentation, NCM advises the plan administrator and employee regarding whether or not objective medical evidence supports disability.
 - The P&G Disability Review Board makes final determination on benefits paid.
- RTW COORDINATION
 - NCM partners with employee, medical provider and employer to evaluate the ability to RTW on modified or restricted duty if/when medically appropriate.
 - P&G makes every attempt to accommodate restrictions, including a reduced work schedule.
 - NCM assists in coordination of RTW. We will assist in timely communication of RTW plans as the sites should be notified at least 3 days prior to RTW to make necessary arrangements.
- Explanation of Complaint/Grievance Process (complaints escalated to supervisor or manager)

Mr. Donald H. Hammond
3 Walsh Rd
Holbrook, MA 02343-1644

PRO SE

781-300-1822





ATP

Date: July 20, 2016
 Employee: Donald Hammond
 Employee ID: 102566
 Date of Disability: 04/27/15
 Provider's Name: Bluman, MD, Eric-Orthopedic

Diagnosis Code	Diagnosis Description	Primary
M76.71	PERONEAL TENDINITIS RIGHT LEG	Y
M65.871	OTH SYNOVITIS TENOSYNOVIT RT ANK FT	N

Medical data:

Subjective: Right ankle boot immobilization trial over past three weeks; Increased knee and back pain. Felt boot helped with foot pain. Daily moderate sharp-stabbing pain, worsens with walking and weight-bearing.

Objective: Currently utilizing sneakers with orthotics and cane. Right Foot Exam: Pain localized to the right base of fifth metatarsal. No ecchymosis present. Antalgic gait. There is tenderness at the insertional peroneal tendons. 5/5 strength. Sensation intact. Full range of motion, no evidence of instability. Impression: Discomfort secondary to right peroneal tendinitis.

Treatment Plan: Prescribed Allard Brace.
Follow-up with MD in six weeks.

Office visits: 07/12/16-Orthopedic
 Hospitalized: N/A
 Co-Morbidities: Denies
 Restrictions: Limited walking, standing.
 Guidelines: MD Guidelines

ELOD Minimum	ELOD Optimum	ELOD Maximum
81.8	81.8	81.8

Expected RTW: MD Previously cleared to return to work with restrictions.

Recommendation(s):

Advise To Pay
 07/13/16 08/24/16-(Next MD office visit).



Date: September 20, 2016
 Employee: Donald Hammond
 Employee ID: 102566
 Date of Disability: 04/27/15
 Provider's Name: Bluman, MD, Eric-Orthopedics.
 Curran, MD Timothy-Podiatry.

Diagnosis Code	Diagnosis Description	Primary
M72.2	PLANTAR FASCIAL FIBROMATOSIS	N
M79.609	PAIN IN UNSPECIFIED LIMB	N
M76.71	PERONEAL TENDINITIS RIGHT LEG	Y
M65.871	OTH SYNOVITIS TENOSYNOVIT RT ANK FT	N

Medical data:

Subjective: 08/17/16 Podiatry: Right short boot messed up right knee; Continues to have issues since wearing boot. Transitioned to AFO Brace per Orthopedic MD recommendation, and developed lump on top of right foot; AFO brace rubs against tendons and bone.

09/01/16 Orthopedics: Allard Brace helpful. However, problems with brace rubbing ankle. Request to have brace modified. States recent right foot ganglion aspirated two weeks prior, resulting in improvement in swelling and pain. There is daily aching pain with walking and weight-bearing.

Objective: 08/27/16 Podiatry Right Foot Exam: Peroneal tendon reveals edema. Moderate pain to palpation and weakness to eversion against resistance. Pain and edema at base of fifth metatarsal. Pain at right heel and insertion of Plantar Fascia. Impression: Peroneal Tendinitis Right Foot, resolved Plantar Fasciitis and Right Heel Capsulitis.

09/01/16 Orthopedic: No ecchymosis present. Pedal pulses palpable, brisk capillary refill. Antalgic gait. Full range of motion and 5/5 strength upper and lower extremities. Tenderness at the peroneal tendons only. Impression: continued, but diminished discomfort, secondary to peroneal tendinitis.

Treatment Plan: Allard Brace-Right leg-(Orthopedic MD).
 Referral to Surgical Care for Allard Brace Modifications-(Orthopedic MD).
 Shoe Orthotics-(Podiatry).
 Follow-up in six weeks-Orthopedics.

Office visits: 08/17/16-Podiatry.
 09/01/16-Orthopedics.

Hospitalized: N/A

Co-Morbidities: Denies.

Restrictions: Eight hour shifts for one month-(Podiatry Provider).
 Return to work with Allard Brace-(Orthopedic Provider).



Date: November 14, 2016-Revised ATP End Date
 Employee: Donald Hammond
 Employee ID: 102566
 Date of Disability: 04/27/15
 Provider's Name: Bluman, MD, Eric-Orthopedics.
 Curran, MD Timothy-Podiatry.

Diagnosis Code	Diagnosis Description	Primary
M72.2	PLANTAR FASCIAL FIBROMATOSIS	N
M79.609	PAIN IN UNSPECIFIED LIMB	N
M76.71	PERONEAL TENDINITIS RIGHT LEG	Y
M65.871	OTH SYNOVITIS TENOSYNOVIT RT ANK FT	N

Medical data:

Subjective: 08/17/16 Podiatry: Right short boot messed up right knee; Continues to have issues since wearing boot. Transitioned to AFO Brace per Orthopedic MD recommendation, and developed lump on top of right foot; AFO brace rubs against tendons and bone.

09/01/16 Orthopedics: Allard Brace helpful. However, problems with brace rubbing ankle. Request to have brace modified. States recent right foot ganglion aspirated two weeks prior, resulting in improvement in swelling and pain. There is daily aching pain with walking and weight-bearing.

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Treatment Plan: Allard Brace-Right leg-(Orthopedic MD).
 Referral to Surgical Care for Allard Brace Modifications-(Orthopedic MD).
 Shoe Orthotics-(Podiatry).
 Follow-up in six weeks-Orthopedics.

Office visits: 08/17/16-Podiatry.
 09/01/16-Orthopedics.

Hospitalized: N/A

Co-Morbidities: Denies.

Restrictions: Eight hour shifts for one month-(Podiatry Provider).
 Return to work with Allard Brace-(Orthopedic Provider).



Date: November 18, 2016-Revised ATP End Date
 Employee: Donald Hammond
 Employee ID: 102566
 Date of Disability: 04/27/15
 Provider's Name: Bluman, MD, Eric-Orthopedics.
 Curran, MD Timothy-Podiatry.

Diagnosis Code	Diagnosis Description	Primary
M72.2	PLANTAR FASCIAL FIBROMATOSIS	N
M79.609	PAIN IN UNSPECIFIED LIMB	N
M76.71	PERONEAL TENDINITIS RIGHT LEG	Y
M65.871	OTH SYNOVITIS TENOSYNOVIT RT ANK FT	N

Medical data:

Subjective: 08/17/16 Podiatry: Right short boot messed up right knee; Continues to have issues since wearing boot. Transitioned to AFO Brace per Orthopedic MD recommendation, and developed lump on top of right foot; AFO brace rubs against tendons and bone.

09/01/16 Orthopedics: Allard Brace helpful. However, problems with brace rubbing ankle. Request to have brace modified. States recent right foot ganglion aspirated two weeks prior, resulting in improvement in swelling and pain. There is daily aching pain with walking and weight-bearing.

Objective: 08/27/16 Podiatry Right Foot Exam: Peroneal tendon reveals edema. Moderate pain to palpation and weakness to eversion against resistance. Pain and edema at base of fifth metatarsal. Pain at right heel and insertion of Plantar Fascia. Impression: Peroneal Tendinitis Right Foot, resolved Plantar Fasciitis and Right Heel Capsulitis.

09/01/16 Orthopedic: No ecchymosis present. Pedal pulses palpable, brisk capillary refill. Antalgic gait. Full range of motion and 5/5 strength upper and lower extremities. Tenderness at the peroneal tendons only. Impression: continued, but diminished discomfort, secondary to peroneal tendinitis.

Treatment Plan: Allard Brace-Right leg-(Orthopedic MD).
 Referral to Surgical Care for Allard Brace Modifications-(Orthopedic MD).
 Shoe Orthotics-(Podiatry).
 Follow-up in six weeks-Orthopedics.

Office visits: 08/17/16-Podiatry.
 09/01/16-Orthopedics.

Hospitalized: N/A

Co-Morbidities: Denies.

Restrictions: Eight hour shifts for one month-(Podiatry Provider).
 Return to work with Allard Brace-(Orthopedic Provider).

PRO SE



Date: December 20, 2016
 Employee: Donald Hammond
 Employee ID: 102566
 Date of Disability: 04/27/15
 Provider's Name: Curran, Timothy-Podiatry

Diagnosis Code	Diagnosis Description	Primary
M77.30	CALCANEAL SPUR UNSPECIFIED FOOT	N
M76.899	OTH ENTHESOPATHIES UNS LL EXCLD FT	N
M72.2	PLANTAR FASCIAL FIBROMATOSIS	N
M79.609	PAIN IN UNSPECIFIED LIMB	N
M77.50	OTHER ENTHESOPATHY UNSPECIFIED FOOT	N
M76.71	PERONEAL TENDINITIS RIGHT LEG	Y

Medical data:

Subjective: Pain in right foot daily, 8/10 pain scale. Size 4E shoe and Orthotics help relieve pressure. No improvement in pain with attempts to wear work boots. Frustrated with lack of progress.

Objective: Re-evaluation of Peroneal Tendinitis and Plantar Fasciitis Right Foot: Peroneal Tendon reveals edema. Moderate pain, weakness, and painful eversion of foot against resistance. Pain and edema at base of right fifth metatarsal, deep tendon reflexes normal. Collapse of the medial arch and over-pronation noted with ambulation. Moderate edema at base of right foot. No pain at right heel.

Treatment Plan: Orthotics.
 Gabapentin Oral-Pain-(New).
 Ice and stretching right foot.

Office visits: 11/16/16-Podiatry.

Hospitalized: N/A

Co-Morbidities: Denies.

Restrictions: No Work Capacity as of 11/16/16 office visit

Guidelines: MD Guidelines

ELOD Minimum	ELOD Optimum	ELOD Maximum
81.8	81.8	81.8

Expected RTW: To be determined.

Genex Services, LLC, 11590 Century Boulevard, Suite 202, Cincinnati, OH 45246
 Phone: (800) 447-6250 Fax: 888-735-2646 www.Genexservices.com

Mr. Donald H. Hammond
 3 Walsh Rd
 Holbrook, MA 02343-1644

PRO SE

781-300-1822



Date: January 15, 2017
 Employee: Donald Hammond
 Employee ID: 102566
 Date of Disability: 04/27/15
 Provider's Name: Curran, Timothy-Podiatry

Diagnosis Code	Diagnosis Description	Primary
M77.30	CALCANEAL SPUR UNSPECIFIED FOOT	N
M76.899	OTH ENTHESOPATHIES UNS LL EXCLD FT	N
M72.2	PLANTAR FASCIAL FIBROMATOSIS	N
M79.609	PAIN IN UNSPECIFIED LIMB	N
M77.50	OTHER ENTHESOPATHY UNSPECIFIED FOOT	N
M76.71	PERONEAL TENDINITIS RIGHT LEG	Y
M65.871	OTH SYNOVITIS TENOSYNOVIT RT ANK FT	N

Medical data:

Subjective: Pain in right foot, with occasional heel pain; 8/10 pain day to day. Compliant with orthotics. Attempts to wear work boot, or wider boot, increases pain related to rubbing. Continues stretching exercises. Frustrated with discomfort and lack of progress.

Objective: Right Foot Exam: Wearing gym shoes with orthotic supports. Examination of the peroneal tendon reveals edema, moderate pain, and weakness. Painful eversion of feet against resistance. Pain and edema at base of fifth metatarsal. Pain to palpation at the insertion of the peroneal bevis. Impression: Perineal Tendinitis right foot. Capsulitis fourth and fifth metatarsal.

Treatment Plan: Gabapentin.

Office visits: 12/21/16-Podiatry

Hospitalized: N/A

Co-Morbidities: Denies.

Restrictions: No work Capacity

Guidelines: MD Guidelines

ELOD Minimum	ELOD Optimum	ELOD Maximum
81.8	81.8	81.8

Expected RTW: To be determined.

Recommendation(s):

Advise To Pay
 12/26/16 01/22/17



ATP

Date: February 20, 2017
Employee: Donald Hammond
Employee ID: 102566
Date of Disability: 04/27/15
Provider's Name: Curran, Timothy—Podiatry.

Diagnosis Code	Diagnosis Description	Primary
M72.2	PLANTAR FASCIAL FIBROMATOSIS	N
M79.609	PAIN IN UNSPECIFIED LIMB	N
M77.50	OTHER ENTHESOPATHY UNSPECIFIED FOOT	N
M76.71	PERONEAL TENDINITIS RIGHT LEG	Y
M65.871	OTH SYNOVITIS TENOSYNOVIT RT ANK FT	N

Medical data:

Subjective: Persistent pain in right foot. Occasional right heel pain, mostly on side of foot, 8/10 pain day to day. Wearing 4E shoes with orthotics to keep pressure off side of right foot; Feels better with less rubbing at base of fifth metatarsal. Tries wearing wider work boot at home; Some improvement, but hasn't changed much. Compliant with heel stretching. Nausea and dizziness with Gabapentin. 20-30% improvement in pain past month. Good and Bad days.

Objective: Right Foot Exam: Presents wearing comfortable supportive gym shoes with orthotic support. In no acute distress. Edema of the peroneal tendon, with moderate painful eversion and weakness against resistance. Pain to palpation at dorsal aspect of right fourth and fifth metatarsal joint. Pain and edema at fifth metatarsal. Collapse of the medial arch and over-pronation noted with ambulation. Moderate edema at fourth and fifth metatarsal joint. No pain at heel. Impression: Peroneal Tendinitis. Capsulitis of the right fourth and fifth metatarsal cuboid joint.

Treatment Plan: Cuboid Pad-(To elevate joint and reduce stress.
Continue Gabapentin(Single Dose at bedtime recommended to reduce side effects).
Follow-up in one month.

Office visits: 01/18/17-Podiatry.

Hospitalized: N/A

Co-Morbidities: Denies.

Restrictions: Hours: Recommend Eight Hour Work Days.
Physical Limitations:
More Sedentary Work; Maximum of four hours of standing.

Guidelines: MD Guidelines.

ELOD Minimum	ELOD Optimum	ELOD Maximum
81.8	81.8	81.8



Date: March 13, 2017
 Employee: Donald Hammond
 Employee ID: 102566
 Date of Disability: 04/27/15
 Provider's Name: Curran, Timothy-Podiatry

Diagnosis Code	Diagnosis Description	Primary
M79.609	PAIN IN UNSPECIFIED LIMB	N
M77.50	OTHER ENTHESOPATHY UNSPECIFIED FOOT	N
M76.71	PERONEAL TENDINITIS RIGHT LEG	Y
M65.871	OTH SYNOVITIS TENOSYNOVIT RT ANK FT	N

Medical data:

Subjective: Pain in right foot, mostly on side. Pain 8/10 pain scale. Wearing 4E shoes with Orthotics to keep pressure off foot. Gabapentin provides some relief of pain. Attempts to wear regular shoes and work boots at home, pain intense after 4-5 hours.

Objective: Wearing gym shoes with orthotics. Right Foot Exam: Peroneal edema, moderate pain and weakness with painful eversion of foot against resistance. Pain to palpation and edema at the fourth and fifth metatarsal. Pain at medial arch and over-pronation with ambulation. Pain to palpation at the peroneal longus tendon.

Treatment Plan: MRI Right Foot-Ankle.

Office visits: 02/22/17-Podiatry

Hospitalized: N/A

Co-Morbidities: Denies.

Restrictions: If Sedentary Work is not available: Working 8 hour shifts, with a maximum four hours of walking and four hours of standing.

Guidelines: MD Guidelines.

ELOD Minimum	ELOD Optimum	ELOD Maximum
81.8	81.8	81.8

Expected RTW: MD previously provided return to work clearance with restrictions.

Recommendation(s):

Advise To Pay
 02/23/17 03/22/17

Donald Hammond

Cook, Elizabeth

From: Stuart, Roberta
Sent: Wednesday, February 08, 2017 9:14 AM
To: 'brenner.jt@pg.com'
Subject: Hammond, Donald 102566 re: Work Status

Importance: High

Hi Jennifer;

I just spoke to Dr. Curran-Podiatry, and MD is going to send over recommendations for RTW restrictions—This would be from the 01/18/17 ov. Next MD follow-up 02/22/17. I will send updated Work Status once MD RTW note received. I am currently working on the review from 01/18/17 ov, and there is Objective Medical. FYI. Thanks.

Roberta Stuart RN
Disability Nurse Case Manager / Midwest UM
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